

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1-15, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted

12/3/2004

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Ninth Street Properties, LLC

8. Organizational Unit

Reilly Mortgage Group, Inc.

9. Address (give city, county, State, and zip code)

A. Address: 683 Ninth Street

B. City: Oakland

C. County: Alameda

D. State: California

E. Zip Code: 94607

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Philip J. Foti

B. Title: Vice President

C. Phone: (602) 508-6191

D. Fax: (602) 508-6192

E. E-mail: PhilFoti@reilly.com

11. Employer Identification Number (EIN) or SSN

32-0087949

12. Type of Applicant (enter appropriate letter in box)

M.

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

Title: Mortgage Insurance - Rental &

14 --- 135

Cooperative Housing for Moderate Income Families & Elderly, Market Interest Rate

Component Title: 221(d)(3) and (4) Multifamily - Market Rate Housing

16. Descriptive Title of Applicant's Program

Multifamily Market Rate Housing-The proposed project will include 50 units in a 5-story building;

unit mix consists of 8 one bedroom/one bath, 40 two bedroom/one bath, and

2 three bedroom/two bath. The property will have a Community Room/Gym

and underground parking. It will be located near downtown Oakland. The

surrounding area is developed and there is adequate infrastructure to

support the proposed development.

17. Areas affected by Program (boroughs, cities, counties, States,

Indian Reservation, etc.)

Oakland, Alameda County, California

18a. Proposed Program start date

June-05

18b. Proposed Program end date

June-06

19a. Congressional Districts of Applicant

9th District

19b. Congressional Districts of

Program 9th District

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes ☐ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____

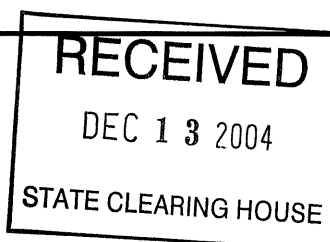
B. No ☒ Program is not covered by E.O. 12372

☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒ No

☐ Yes If "Yes," explain below or attach an explanation.



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

| Grant Program* | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income | Total |
|---|----------------|-----------------|-----------------|---------------------|-------------|--------------------|-------|--------------------------|----------------|
| Section 221(d)(4) Mortgage Insurance | \$6,626,100.00 | \$1,875,000.00 | | | | | | \$507,609.00 per year | \$9,008,709.00 |
| | | | | | | | | | |
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| | | | | | | | | | |
| Grand Totals | \$6,626,100.00 | \$1,875,000.00 | | | | | | \$507,609.00 | \$9,008,709.00 |

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

Philip J. Foti

Title
Vice President

Date (mm/dd/yyyy)

12/03/2004

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | |
|---|--|--|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED December 7, 2004 | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

5. APPLICANT INFORMATION

| | |
|--|--|
| Legal Name: Dos Palos Joint Unified School District | Organizational Unit: Dos Palos State Preschool |
| Address (give city, county, State, and zip code): Dos Palos, Merced County, California 93620 | Name and telephone number of person to be contacted on matters involving this application (give area code): Dwight Thompson 209-392-2151 |

| | |
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| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 00 — 0303897 </div> | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>School District</u> </div> </div> |
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| 8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____ | 9. NAME OF FEDERAL AGENCY: United States Department of Agriculture |
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| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 — 766 </div> TITLE: _____ | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Playground for preschool and local community. |
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| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Dos Palos/South Dos Palos, Merced County | <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> RECEIVED DEC 13 2004 STATE CLEARING HOUSE </div> |
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| 13. PROPOSED PROJECT Start Date: 8/15/04 Ending Date: 7/30/05 | 14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%;"> <tr> <td style="width:50%;">a. Applicant Dwight Thompson</td> <td style="width:50%;">b. Project Preschool/community playground</td> </tr> </table> | a. Applicant Dwight Thompson | b. Project Preschool/community playground |
| a. Applicant Dwight Thompson | b. Project Preschool/community playground | | |

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|--|-------------------------|------------------------|--------------|------------------------|----------|----|----------|----|----------|----|-------------------|----|----------|-------------------------|--|
| 15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:80%;">\$ 42675⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 34915⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 77,590⁰⁰</td> </tr> </table> | a. Federal | \$ 42675 ⁰⁰ | b. Applicant | \$ 34915 ⁰⁰ | c. State | \$ | d. Local | \$ | e. Other | \$ | f. Program Income | \$ | g. TOTAL | \$ 77,590 ⁰⁰ | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 12/10/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| a. Federal | \$ 42675 ⁰⁰ | | | | | | | | | | | | | | |
| b. Applicant | \$ 34915 ⁰⁰ | | | | | | | | | | | | | | |
| c. State | \$ | | | | | | | | | | | | | | |
| d. Local | \$ | | | | | | | | | | | | | | |
| e. Other | \$ | | | | | | | | | | | | | | |
| f. Program Income | \$ | | | | | | | | | | | | | | |
| g. TOTAL | \$ 77,590 ⁰⁰ | | | | | | | | | | | | | | |

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| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |
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|---|-----------------------|---------------------------------------|
| a. Type Name of Authorized Representative F. Dwight Thompson | b. Title Principal | c. Telephone Number (209) 392-2151 |
| d. Signature of Authorized Representative <i>[Signature]</i> | | e. Date Signed 12/07/04 |

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-

| | | | | | |
|---|--|---------------------------|---|------------------------------|-------------------------------------|
| 1. DATE OF SUBMISSION: | | 2. DATE SUBMITTED | | Applicant Identifier | |
| <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | | State Application Identifier | |
| 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier | | | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: CALLAHAN WATER DISTRICT | | | Organizational Unit: COMMUNITY SERVICE DISTRICT | | |
| Address (give city, county, State, and zip code): PO BOX 1537 CALLAHAN, CA 96014 SISKIYOU COUNTY | | | Name and telephone number of person to be contacted on matters involving this application (give area code): DAVID B. HAMMOND 541-776-3327 | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 58-0063774 | | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> B. County <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> C. Municipal <input type="checkbox"/> J. Private University <input type="checkbox"/> D. Township <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> E. Interstate <input type="checkbox"/> L. Individual <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> G. Special District <input type="checkbox"/> N. Other (Specify) <input type="checkbox"/> | | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): | | | 9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: WATER & WASTE DISPOSAL LOAN & GRANT PROGRAM TITLE: 10-760 | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY WATER SYSTEM REPLACEMENT | | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COMMUNITY OF CALLAHAN, Siskiyou Cnty, CA | | | RECEIVED DEC - 8 2004 STATE CLEARING HOUSE | | |
| 13. PROPOSED PROJECT | | | | | |
| 14. CONGRESSIONAL DISTRICTS OF: a. Applicant Second b. Project Second | | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/13/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | |
| 15. ESTIMATED FUNDING: | | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | | |
| a. Federal CDBG \$ 416,000.00 b. Applicant USDA, RD \$ 530,000.00 c. State DWR-SRF \$ 430,000.00 * d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,376,000.00 | | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | |
| a. Type Name of Authorized Representative JAMES D. COLLINS | | | b. Title PRESIDENT, B of D | | c. Telephone Number 530-467-5252 |
| d. Signature of Authorized Representative James D. Collins | | | e. Date Signed 8/11/04 | | |
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* Estimate - \$350,000 Grant; \$80,000 Loan

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-105

APPLICATION FOR FEDERAL ASSISTANCE

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|---|--|---|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

| | |
|--|---|
| 5. APPLICANT INFORMATION | |
| Legal Name: Newell County Water District Address (give city, county, State, and zip code): 405 5th Avenue Tulelake, CA 96134 | Organizational Unit: California County Water District Name and telephone number of person to be contacted on matters involving this application (give area code): David B. Hammond, PE 541-776-3327 |

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| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 2 5 4 1 0 4 8 </div> | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">G</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> |
|---|--|

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|--|--|---|
| 8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other (specify): _____ </div> <div style="width: 30%;"> C. Increase Duration </div> </div> | | 9. NAME OF FEDERAL AGENCY: |
|--|--|---|

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| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> 1 0 - 7 6 0 </div> TITLE: Water & Waste Disposal Loan/Grant Program | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water and Sewer System Improvement |
|--|--|

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| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Newell, Modoc County, Calif. | | <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED DEC - 8 2004 STATE CLEARING HOUSE </div> |
| 13. PROPOSED PROJECT Start Date: 1/05 Ending Date: 12/06 | 14. CONGRESSIONAL DISTRICTS OF: California a. Applicant: Fourth District b. Project: Fourth District | |

| | | |
|-------------------------------|-----------------|--|
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
| a. Federal CDBG | \$ 1,000,000.00 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| b. Applicant | \$.00 | |
| c. State | \$.00 | |
| d. Local | \$.00 | |
| e. Other USDA, RD | \$ 2,790,121.00 | |
| f. Program Income | \$.00 | |
| g. TOTAL | \$ 3,790,121.00 | |

| | | |
|---|--|--|
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | | |
|---|--|--|

| | | |
|--|-----------------------|-------------------------------------|
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | |
| a. Type Name of Authorized Representative Michael Whitney | b. Title President | c. Telephone Number 530-664-2267 |
| d. Signature of Authorized Representative | | e. Date Signed 10/27/04 |

Version 7/03

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